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PTO/SB/21 (06-00)
Approved for use through 10/31/2002. OMB 0651-0031
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| <h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 0; font-size: small;">(to be used for all correspondence after initial filing)</p> | Application Number | 10 / 757046 |
| | Filing Date | 1. 14. 04 |
| | First Named Inventor | FELBERG |
| | Group Art Unit | 3764 |
| | Examiner Name | — |
| Total Number of Pages in This Submission | | Attorney Docket Number |
| | | GOOMANE d 101 |

1-14-04

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; font-size: small;">Remarks</div><div>LETTER ENCLOSED</div></div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|-----------------|
| Firm or Individual name | MARC D. FELBERG |
| Signature | MFB |
| Date | 5.26.04 |

| CERTIFICATE OF MAILING | | | |
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| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: | | | |
| 5.26.04 | | | |
| Typed or printed name | MARC D. FELBERG | | |
| Signature | MFB | Date | 5.26.04 |

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PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0551-0035

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|---------------|
| Application Number | 10/757046 |
| Filing Date | 1-14-04 |
| First Named Inventor | FELBERG |
| Art Unit | 3764 |
| Examiner Name | — |
| Attorney Docket Number | GOODMARC d101 |

1-14-04

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

| | | | |
|--|--------------------------------------|-------|--------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | MARC D. FELBERG | | |
| Address | C/O GOODMARC DESIGNS / TONNE GOODMAN | | |
| Address | 27 WEST 10 TH STREET #2 | | |
| City | NEW YORK CITY | State | NY. |
| Country | USA | | |
| Telephone | 917-345-3590 | Fax | 212-673-4864 |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|-----------------|-----------|--------------|
| Name | MARC D. FELBERG | | |
| Signature | MR | | |
| Date | 5-26-04 | Telephone | 917-345-3590 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

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05/19/2004 08:13 FAX



Dear officers,

5.20.04

I hereby request to revoke power of attorney in regards to

Design patent # 29/ 192552 filed 10.24.03

~~utility patent # 10/ 7,570,46 filed 11.14.04~~

The attorney we seek to revoke is:

Jonathan B. Schafrann Esq.
2034 Quaker Ridge Road
Croton-on-Hudson, NY. 10520

Registration # 29,849

And hereby request as new assignee,

~~Marc D. Felberg~~
% Goodmarc Designs / Tonne Goodman
27 west 10th street. # 2
NYC.. NY 10011

Thank you for your immediate attention regarding this request for power of attorney revocation,

Marc Felberg,